GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, CHICAGO (92-350-Sub 2)

DATE: 1/12/73

FROM : SUPERVISOR VINCENT L. INSERRA

SUBJECT: RACKETEER PROFILE PROGRAM
CHICAGO DIVISION

In connection with captioned matter, the following Chicago hoodlums are being designated for inclusion in this program:

Subject	Chicago File	Agent Assigned
D'GIOVANNI, SAM	92-1729	SMITH, R. B.
DE ANGELES, RONALD	92-1835	
DE BIASE, JOHN	92-2017	
DE CHIARO, GUIDO	92-1875	FORD, F.
DE GRAZIO, ROCCO	92-1994	MARTIN
DELMONICO, JOSEPH	92-3293	MARTIN
DE STEFANO, MARIO	92-2029	BENIGNI
DE STEFANO, SAM	92-1542	BENIGNI
DI BELLA, DOMINICK	92-1165	
DI CARO, CHARLES	92-2021 ✓	ROEMER
[redacted]	[redacted]	[redacted]
DICKS, GEORGE	92-1860	FORD, F.
DI VARCO, JOSEPH	92-691	
EBOLI, LOUIS	92-2293	FORD, F.
ELDORADO, ANTHONY	92-1374	
EMERY, RALPH	92-2013	SMITH, R. B.
ENGLISH, CHARLES	92-917	
ENGLISH, SAMUEL	92-887	
ETO, KEN	92-671	

b6
b7C

Agents to whom these cases are assigned are requested to promptly execute the appropriate form which will be transmitted to the Bureau by SA ROBERT L. MALONE, coordinator of this program.

1 - C-1 Tickler
1 - SA MALONE Tickler
1 - Each of Above Cases

VLI/vel
(22)

open 92-2021 92-2021 Sub 1 VL1

92-2021 Sub 1 -

SEARCHED [ ] INDEXED [ ]
SERIALIZED [ ] FILED [ ]
JAN 12 1973
FBI—CHICAGO

VL1

2021

NAME OF SUBJECT: Charles DI CARO

FORM CM-75

MARITAL STATUS: Married to Martha Rizzo DiCARO

ALIASES : ~~"SPECS"~~ SAVERIO DICARO (True Name)
CHARLES DI CARA

NICKNAMES : "BOGS"
"GREASEBALL"
"SPECS"

FORM CM-76

SUBJECT'S IDENTIFYING NUMBERS (IF AVAILABLE)

FBI # : 1 053 991

SOCIAL SECURITY # : 333 14 8112

PD # : Chgo PD C 18480
Joliet PD 2622

~~US Penitentiary (Leavenworth) 73327L~~
INS A11910485

DRIVERS LICENSE # :

Date of Issue : D 260-1421-2019

Date of Expiration: 1-74

State : ILLINOIS

92-2021
Sub 1-2

SEARCHED ___ INDEXED ___
SERIALIZED CAB FILED CAB
[illegible] 1973
CHICAGO

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB: ROEMER, WILLIAM F JR

DATE	AGENCY	FIELD OFFICE
/YR: 73 /MO: 01 /DY: 12	/AGN: FBI	/FLD: [illegible]

OFFICE PHONE NUMBER
/PHN: 312-431-1333

NEW OR ~~MOD~~

NEW *MOD*

VERIFICATION	SUBJECT'S IDENTIFIER
/VER: V	/IDEN: 65E

NAME OF SUBJECT
/NAME: DICARO, CHARLES NMN

SEX (M or F)	MARITAL STATUS (R)	MAIDEN NAME OF SUBJECT
/SEX: M	/STAT: M	/MDN:

ALIASES

ALIAS

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA: DICARO, SAVERIO TN

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA: DICARA, CHARLES

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK: BUGS

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK: GREASEBALL

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK: SPECS

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION *CINV* *ADD*CINV* *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN	DATE INVESTIGATION CLOSED
/FYR: 65 /FMO: 09 /FDY: 24	/TYR: 00 /TMO: 00 /TDY: 00

TYPE OF INVESTIGATION	AGENCY INVESTIGATING
/TINV:	/AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

INFO *ADD*INFO* *CHG *INFO*

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

SUBJECT'S IDENTIFYING NUMBERS (*ID*) *ADD*ID* *CHG *ID*

ID

VERIFICATION /VER: V — FBI NUMBER /FBI: 105391

ORG. CRIME & RACKET. # /OCR:

SOCIAL SECURITY NUMBER /SSN: 333148112

CRIMINAL IDENTIFICATION NUMBER /PD: C164810

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY: CHICAGO

STATE (R) /ST: IL — ZIP CODE /ZIP: 60605

(*ID*) *ADD*ID* *CHG *ID*

VERIFICATION /VER: V — CRIMINAL IDENTIFICATION NUMBER /PD: 2622

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY: JOLIET

STATE (R) /ST: IL — ZIP CODE /ZIP:

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER: — FBI NUMBER /FBI:

ORG. CRIME & RACKET. # /OCR: — SOCIAL SECURITY NUMBER /SSN:

CRIMINAL IDENTIFICATION NUMBER /PD:

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY:

STATE (R) /ST: — ZIP CODE /ZIP:

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER: — CRIMINAL IDENTIFICATION NUMBER /PD:

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY:

STATE (R) /ST: — ZIP CODE /ZIP:

LICENSE OR MISCELLANEOUS NUMBERS (*NBRS*) *ADD*NBRS* *CHG *NBRS*

NBRS

VERIFICATION /VER: V — DATE OF ISSUE /FYR: /FMO: /FDY: — DATE OF EXPIRATION /TYR: 74 /TMO: 01 /TDY: 00

TYPE OF NUMBER OR LICENSE /TNBR: DRIVERS LICENSE

NUMBER /NBR: D260142/20/9

ISSUING AGENCY /AGY: SECRETARY OF STATE — ISSUING STATE (R) /ST: IL

(*NBRS*) *ADD*NBRS* *CHG *NBRS*

VERIFICATION /VER: V — DATE OF ISSUE /FYR: /FMO: /FDY: — DATE OF EXPIRATION /TYR: /TMO: /TDY:

TYPE OF NUMBER OR LICENSE /TNBR: INS

NUMBER /NBR: A11910485

ISSUING AGENCY /AGY: INS — ISSUING STATE (R) /ST: DC

NBRS *ADD*NBRS* *CHG *NBRS*

VERIFICATION /VER: — DATE OF ISSUE /FYR: /FMO: /FDY: — DATE OF EXPIRATION /TYR: /TMO: /TDY:

TYPE OF NUMBER OR LICENSE /TNBR:

NUMBER /NBR:

ISSUING AGENCY /AGY: — ISSUING STATE (R) /ST:

FORM CM-76 (Rev. 10-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

VITAL STATISTICS ON SUBJECT (*BIRTH*) *ADD*BIRTH* *CHG *BIRTH*

BIRTH

VERIFICATION /VER: | CITY WHERE SUBJECT WAS BORN /CITY: CHICAGO

STATE (R) /ST: IL | ZIP CODE /ZIP: 60600 | DATE OF BIRTH /FYR: 12 /FMO: 01 /FDY: 19 | CITIZENSHIP (R) /CIT: US

DEATH *DEATH* *ADD*DEATH* *CHG *DEATH*

VERIFICATION /VER: | CITY WHERE SUBJECT DIED /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | DATE OF DEATH /TYR: /TMO: /TDY:

CAUSE OF DEATH /DEAD:

PHYSICAL DESCRIPTION (*PHYS*) *ADD*PHYS* *CHG *PHYS*

PHYS

VERIFICATION /VER: | MENTAL OR PHYSICAL HEALTH PROBLEM /HLTH: ULCERS | HAIR COLOR (R) /HAIR: GRAY

HEIGHT /HT: 505 | FINGERPRINT CLASSIFICATION (R) /FING: | EYE COLOR (R) /EYE: BROWN

PHYSICAL MARK, SCAR, ETC. (R) /MARK: SC CHST | COMPLEXION (R) /CMPLX: DARK | WEIGHT /WT: 133

RACE (R) /RACE: CAUCASIAN | BUILD (R) /BLD: SMALL

PHYS *ADD*PHYS* *CHG *PHYS*

VERIFICATION /VER: | PHYSICAL MARK, SCAR, ETC. (R) /MARK:

MENTAL OR PHYSICAL HEALTH PROBLEM /HLTH:

SUBJECT'S RESIDENCE/TELEPHONE (*ADDR*) *ADD*ADDR* *CHG *ADDR*

ADDR

APARTMENT, HOTEL, OR PRISON NAME /EST:

STREET NUMBER /STNBR: 706 | STREET NAME /STNM: 87TH ST | VERIFICATION /VER:

CITY OF RESIDENCE /CITY: CHICAGO | STATE (R) /ST: IL

ZIP CODE /ZIP: 60600 | DATES OF RESIDENCE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

APARTMENT OR ROOM NO. /APT: | TELEPHONE (1) /TEL1: | TELEPHONE (2) /TEL2:

EDUCATION (*ED*) *ADD*ED* *CHG *ED*

ED

VERIFICATION /VER: | ATTENDANCE DATES /FYR: 20 /FMO: 00 /FDY: 00 /TYR: 27 /TMO: 00 /TDY: 00

NAME OF SCHOOL /EST: MARK SHERIDAN

STREET NUMBER /STNBR: | STREET NAME /STNM:

CITY WHERE SCHOOL IS LOCATED /CITY: CHICAGO | STATE (R) /ST: IL

ZIP CODE /ZIP: 60600 | TYPE OF SCHOOL (R) /SCH: GRAMMAR | HIGHEST GRADE COMPLETED (R) /GRD: 7

MAJOR /MJR:

MILITARY RECORD *MIL* *ADD*MIL* *CHG *MIL*

MIL

VERIFICATION /VER: | DATES IN SERVICE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

BRANCH OF SERVICE (R) /BRCH:

MILITARY OCCUPATIONAL SPECIALITY /MOS: | HIGHEST GRADE or RANK /RANK:

TYPE OF SEPARATION /SEP:

RESERVE BRANCH (R) /RSRV: | HIGHEST GRADE or RANK (Reserve) /RNK:

RESERVE DATES /NYR: /NMO: /NDY: /MYR: /MMO: /MDY:

HOBBY *HOBBY* *ADD*HOBBY* *CHG *HOBBY*

HOBBY

KIND OF HOBBY /HOB:

CITY WHERE HOBBY TAKES PLACE /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | ANNUAL COST (Dollars) /COST:

FORM CM-77 (Ed. 5-7-2)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB: ROEMER, WILLIAM F. JR

DATE			AGENCY	FIELD OFFICE
/YR: 73	/MO: 04	/DY: 17	/AGN: FBI	/FLD: E

OFFICE PHONE NUMBER
/PHN: 312431133 3

NEW OR (MOD)

NEW (*MOD*)

VERIFICATION	SUBJECT'S IDENTIFIER
/VER:	/IDEN: 65E

NAME OF SUBJECT
/NAME: DICARO, CHARLES NMN

SEX (M or F)	MARITAL STATUS (R)	MAIDEN NAME OF SUBJECT
/SEX:	/STAT:	/MDN:

ALIASES

ALIAS

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION *CINV* (*ADD*CINV*) *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN			DATE INVESTIGATION CLOSED		
/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:

TYPE OF INVESTIGATION	AGENCY INVESTIGATING
/TINV: ANTIRACKETEERING	/AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

INFO *ADD*INFO* *CHG *INFO*

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

FORM CM-75 (Ed. 5-72)

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2021

Raime

FORM CM-77

V I T A L S T A T I S T I C S

Name: CHARLES DI CARO
Date of Birth: 1-19-12
Place of Birth: City CHICAGO State Ill Zip Code
Citizenship: Country USA Verification? (Page 10)

Date of Death:
Place of Death: City State Zip Code
Cause of Death:
Verification ? (Page 10)

Height: 5'5" Weight: 133
Hair Color: Gray Eye Color: Brown
Build: Slight Complexion: Dark
Race: White Physical Mark, Scar, Etc:
Mental or Physical (A) Kind of mark Scar 10"
Health Problem: Ulcers (B) Position Back Stomach
Verification? (p.10) (C) Body part

(For above, see page 22)

Residence: Street Number 706 W 26th City Chgo
State Ill Zip Code
Name of Apartment, Hotel or Prison:
Apartment or Room Number:
Dates of Residence:
Telephone Number (s)
Verification? (Page 10)

Education: 7th grad
Name of School: Mark Sheridan
Address: Street Number City Chgo
State Zip Code
Type of School: (-summer (p. 18)
Highest Grade Completed: 7th (p. 18)
Major:
Attendance Dates: 1920 - 1927
Verification?(p. 10)

Military Record: None Highest Grade or Rank:
Dates in Service:
Branch of Service: (p. 22) Type of Separation:
Military Occupational Specialty:
Reserve Branch :
Highest Grade or Rank (Reserve):
92-2021 Inf 61
Reserve Dates:
Verification?

Hobby: None
Kind of Hobby:
Where Hobby Takes Place: City State Zip Code
Annual Cost:

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Organized Crime & Racketeering Section
Criminal Division
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RACKETEER PROFILE

RELATIVE *RELAT* *ADD*RELAT* *CHG | | | | | *RELAT*

RELAT

VERIFICATION /VER:

NAME OF RELATIVE /NAME:

MAIDEN NAME OF RELATIVE /MDN:

SEX (M OR F) /SEX:

MARITAL STATUS(R) /STAT: W

RELATIONSHIP TO SUBJECT (R) /REL:

SUBRELATION TO SUBJECT /SREL:

VITAL STATISTICS ON RELATIVE *RELBIRTH* *ADD | | | | *RELBIRTH* *CHG | | | | *RELBIRTH*

RELBIRTH

VERIFICATION /VER:

CITY WHERE RELATIVE WAS BORN /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

DATE OF BIRTH /FYR: /FMO: /FDY:

CITIZENSHIP (R) /CIT:

RELDEATH *ADD | | | | *RELDEATH* *CHG | | | | *RELDEATH*

RELDEATH

VERIFICATION /VER:

CITY WHERE RELATIVE DIED /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

DATE OF DEATH /TYR: /TMO: /TDY:

CAUSE OF DEATH /DEAD:

RELATIVE'S RESIDENCE/TELEPHONE *RELAD* *ADD | | | | *RELAD* *CHG | | | | *RELAD*

RELAD

VERIFICATION /VER:

DATES OF RESIDENCE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

APARTMENT, HOTEL OR PRISON NAME /EST:

STREET NUMBER /STNBR:

STREET NAME /STNM:

CITY OF RESIDENCE /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

APARTMENT OR ROOM NO. /APT:

TELEPHONE (1) /TEL1:

TELEPHONE (2) /TEL2:

RELATIVE'S EMPLOYMENT *RELEMP* *ADD | | | | *RELEMP* *CHG | | | | *RELEMP*

RELEMP

VERIFICATION /VER:

NAME OF BUSINESS WHERE EMPLOYED /EST:

STREET NUMBER /STNBR:

STREET NAME /STNM:

CITY WHERE BUSINESS IS LOCATED /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

RELATIVE'S IDENTIFYING NUMBERS *RELID* *ADD | | | | *RELID* *CHG | | | | *RELID*

RELID

VERIFICATION /VER:

FBI NUMBER /FBI:

ORGANIZED CRIME & RACKETEERING NUMBER /OCR:

SOCIAL SECURITY NUMBER /SSN:

POLICE DEPARTMENT NUMBER /PD:

POLICE DEPARTMENT CITY /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

RELID *ADD | | | | *RELID* *CHG | | | | *RELID*

VERIFICATION /VER:

POLICE DEPARTMENT NUMBER /PD:

POLICE DEPARTMENT CITY /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

FORM CM-84 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG *VEH1*

VEH 1

VERIFICATION /VER: I
TYPE OF VEHICLE (R) /VEH: CAR
MODEL YEAR /MODYR: 69
MAKE OF VEHICLE /MAKE: CADILLAC
MODEL OF VEHICLE /MODEL: DEVILLE
VEHICLE COLOR (R) /COL: BLK
BODY STYLE OF VEHICLE (R) /BODY: COUPE
SERIAL NUMBER OF VEHICLE /SERNBR:

VEHICLE (OWNERSHIP) *VEH2* *ADD *VEH2* *CHG *VEH2*

VEH 2

VERIFICATION /VER:
LICENSE VALIDITY DATES /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
NAME OF PERSON OR COMPANY OWNING VEHICLE /OWN: DICARO, CHARLES
CITY WHERE OWNER RESIDES /CITY: CHICAGO
STATE (R) /ST: IL
ZIP CODE /ZIP: 60605
TITLE NUMBER /TTL:
LICENSE TAG NUMBER /REG: IL-HA7066
VEH2 *ADD *VEH2* *CHG *VEH2*
VERIFICATION /VER:
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE /OWN:

VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG *VEH1*

VEH 1

VERIFICATION /VER:
TYPE OF VEHICLE (R) /VEH:
MODEL YEAR /MODYR:
MAKE OF VEHICLE /MAKE:
MODEL OF VEHICLE /MODEL:
VEHICLE COLOR (R) /COL:
BODY STYLE OF VEHICLE (R) /BODY:
SERIAL NUMBER OF VEHICLE /SERNBR:

VEHICLE (OWNERSHIP) *VEH2* *ADD *VEH2* *CHG *VEH2*

VEH 2

VERIFICATION /VER:
LICENSE VALIDITY DATES /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
NAME OF PERSON OR COMPANY OWNING VEHICLE /OWN:
CITY WHERE OWNER RESIDES /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
TITLE NUMBER /TTL:
LICENSE TAG NUMBER /REG:
VEH2 *ADD *VEH2* *CHG *VEH2*
VERIFICATION /VER:
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE /OWN:

NON-RESIDENCE PHONE *PHONE* *ADD*PHONE* *CHG *PHONE*

PHONE

VERIFICATION /VER: I
DATE OR PERIOD OF USAGE /FYR: 50 /FMO: 00 /FDY: 00 /TYR: 00 /TMO: 00 /TDY: 00
PHONE NUMBER /NUMBER: 3125712080
NAME OF SUBSCRIBER /EST: AITSFIELD RESTAURANT
STREET NUMBER /STNBR: 515
STREET NAME /STNM: WASHINGTON E
CITY WHERE SUBSCRIBER RESIDES (IS LOCATED) /CITY: CHICAGO
STATE(R) /ST: IL
ZIP CODE /ZIP: 60602
REMARKS ABOUT USAGE LOCATION, PURPOSE, ETC. /REMARK: MESSAGE DROP OF SUBJECT

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NAME: DICARO, Charles

VEHICLES

Type of vehicle: Car
(see attached page)

Model year: 1969

Make of vehicle: Cadillac

Model of vehicle: DeVille

Vehicle color: Black
(see attached page)

Body style of vehicle: Coupe
(see attached page)

Serial number of vehicle:

Verification: I (see attached page)

License validity dates:

Name of person or company owning vehicle: Charles Di Caro

City, state and zip code where owner resides: 706 W. 26TH St. Chicago, Ill. 60605

Title number:

License tag number and state: 73 Ill. HA706

Verification: I (see attached page)

Name of second person or company owning vehicle:

Verification: (see attached page)

NON-RESIDENCE PHONE

Dates of usage: 1950 to Present

Phone number: ST 1-2080

Name of subscriber: Pittsfield Restaurant

Street address, city, state and zip code: 55 E. Washington Chicago, Ill 60602

Remarks about usage location, purpose, etc.: Meeting place of subject

Verification: I (see attached page)

92-2021

FORM CM-80

Palmer

DICKO

RELATIVES
(SPOUSE ONLY)

Name of relative: Widow

Maiden name of relative:

Sex_____ Marital Status_____

Relationship to subject:

Subrelation to subject:

Verification:

City, state, and zip code
where relative was born:

Date of birth:

Country of citizenship:

Verification:

City, state, and zip code
where relative died:

Date of death:

Cause of death:

Verification:

Dates of residence:

Name of apartment, hotel or prison:

Street address, city, state and
zip code of residence:

Apartment or room number:

Telephone number(s):

Verification:

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

HANGOUTS AND PLACES FREQUENTED (*HANGOUT*) *ADD*HANGOUT* *CHG *HANGOUT*

HANGOUT

VERIFICATION /VER: V | TYPE OF ESTABLISHMENT (R) /TEST: RESTAURANT

NAME OF PLACE FREQUENTED (HANGOUT) /EST: PITTSFIELD RESTAURANT

STREET NUMBER /STNBR: 55 | STREET NAME /STNM: WASHINGTON E

CITY WHERE ESTABLISHMENT IS LOCATED /CITY: CHICAGO

STATE (R) /ST: IL | ZIP CODE /ZIP: 60602 | FREQUENCY (R) /FRE: BI WEEKLY | AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

VERIFICATION /VER: | TYPE OF ESTABLISHMENT (R) /TEST:

NAME OF PLACE FREQUENTED (HANGOUT) /EST:

STREET NUMBER /STNBR: | STREET NAME /STNM:

CITY WHERE ESTABLISHMENT IS LOCATED /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | FREQUENCY (R) /FRE: | AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

VERIFICATION /VER: | TYPE OF ESTABLISHMENT (R) /TEST:

NAME OF PLACE FREQUENTED (HANGOUT) /EST:

STREET NUMBER /STNBR: | STREET NAME /STNM:

CITY WHERE ESTABLISHMENT IS LOCATED /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | FREQUENCY (R) /FRE: | AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

VERIFICATION /VER: | TYPE OF ESTABLISHMENT (R) /TEST:

NAME OF PLACE FREQUENTED (HANGOUT) /EST:

STREET NUMBER /STNBR: | STREET NAME /STNM:

CITY WHERE ESTABLISHMENT IS LOCATED /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | FREQUENCY (R) /FRE: | AVERAGE LENGTH OF STAY (in days) /STAY:

TRAVEL *TRAVEL* *ADD*TRAVEL* *CHG *TRAVEL*

TRAVEL

VERIFICATION /VER: | DATES OF TRAVEL /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

NAME OF LODGING /EST:

STREET NUMBER /STNBR: | STREET NAME /STNM:

CITY WHERE LODGING IS LOCATED /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | MODE OF TRAVEL (R) /MODE:

NAME OF CARRIER /CARNM:

TRAVEL *ADD*TRAVEL* *CHG *TRAVEL*

VERIFICATION /VER: | DATES OF TRAVEL /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

NAME OF LODGING /EST:

STREET NUMBER /STNBR: | STREET NAME /STNM:

CITY WHERE LODGING IS LOCATED /CITY:

STATE (R) /ST: | ZIP CODE /ZIP: | MODE OF TRAVEL (R) /MODE:

NAME OF CARRIER /CARNM:

FORM CM-79 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB: ROEMER, WILLIAM F JR

DATE	AGENCY	FIELD OFFICE
/YR: 73 /MO: 07 /DY: 26	/AGN: FBI	/FLD: E

OFFICE PHONE NUMBER
/PHN: 312 413 1333

NEW OR MOD

NEW (*MOD*)

VERIFICATION	SUBJECT'S IDENTIFIER
/VER:	/IDEN: 65E

NAME OF SUBJECT
/NAME: DICARLO, CHARLES ANN

SEX (M or F)	MARITAL STATUS (R)	MAIDEN NAME OF SUBJECT
/SEX:	/STAT:	/MDN:

ALIASES

ALIAS

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION *CINV* (*ADD*CINV) *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN	DATE INVESTIGATION CLOSED
/FYR: /FMO: /FDY:	/TYR: /TMO: /TDY:

TYPE OF INVESTIGATION	AGENCY INVESTIGATING
/TINV: AR	/AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

INFO *ADD*INFO* *CHG *INFO*

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

SUBJECT'S EMPLOYMENT (*EMP*) *ADD*EMP* *CHG *EMP*

EMP

VERIFICATION /VER: V
DATES OF EMPLOYMENT /FYR: 70 /FMO: 00 /FDY: 00 /TYR: 00 /TMO: 00 /TDY: 00
NAME OF BUSINESS WHERE EMPLOYED /EST: MCCORMICK PLACE
STREET NUMBER /STNBR:
STREET NAME /STNM: LAKESHORE DR
CITY WHERE BUSINESS IS LOCATED /CITY: CHICAGO
STATE (R) /ST: IL
ZIP CODE /ZIP: 606000
TYPE OF BUSINESS (R) /BUS:
JOB TITLE (DESCRIPTION OF WORK) /JOB: LABORER
ANNUAL INCOME (IN THOUS.) /SAL: 12

FINANCIAL HOLDING OR OBLIGATION *FINAN* *ADD*FINAN* *CHG *FINAN*

FINAN

VERIFICATION /VER:
TYPE OF HOLDING OR OBLIGATION (R) /TFIN:
NAME OF BUSINESS /EST:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
TYPE OF BUSINESS (R) /BUS:
% CONTROL /CONT:
NUMBER OF SHARES (IN 100'S) /SHR:
FACE VALUE OR PRINCIPAL (IN 100'S) /VALUE:
ANNUAL INCOME (IN 100'S) /INC:

FINAN *ADD*FINAN* *CHG *FINAN*

VERIFICATION /VER:
TYPE OF HOLDING OR OBLIGATION (R) /TFIN:
NAME OF BUSINESS /EST:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
TYPE OF BUSINESS (R) /BUS:
% CONTROL /CONT:
NUMBER OF SHARES (IN 100'S) /SHR:
FACE VALUE OR PRINCIPAL (IN 100'S) /VALUE:
ANNUAL INCOME (IN 100'S) /INC:

BANK ACCOUNT *BANK* *ADD*BANK* *CHG *BANK*

BANK

VERIFICATION /VER:
DATES OF ACCOUNT /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
TYPE OF ACCOUNT (R) /ACCT:
ACCOUNT NUMBER /ACCTNBR:
NAME OF BANK /EST:
BANK BRANCH NAME /BRNM:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE BANK IS LOCATED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:

BANK *ADD*BANK* *CHG *BANK*

VERIFICATION /VER:
DATES OF ACCOUNT /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
TYPE OF ACCOUNT (R) /ACCT:
ACCOUNT NUMBER /ACCTNBR:
NAME OF BANK /EST:
BANK BRANCH NAME /BRNM:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE BANK IS LOCATED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:

FORM CM-78 (Ed. 6-72)

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92-2021

Name: CHARLES DICARO
Dates of Employment: 1970 to date
Name of Business Where Employed: McCormick Place

Address, City, State, and Zip Code Where Employed: McCormick Place, Chicago, Ill.

Verification: I, O
(refer to attached pg. 1)
Type of Business:
(refer to attached pg. 1)

Job Title: Laborer
Annual Income: 12,000

Type of Financial Holding or Obligation: (refer to attached pg. 2)

Verification: None
(refer to attached pg. 1)

Name of Business:

Street Address, City, State, and Zip Code Where Business or Real Estate is Located:

Type of Business:
(refer to attached pg. 1)

Number of Shares:
Percent(%) Control:
Face Value or Principal:
Annual Income:
(from financial holdings)

Type of Bank Account: Checking
(refer to attached pg. 2)
Verification:
(refer to attached pg. 1)

Dates of Account:
Account Number:
Name of Bank:
Bank Branch Name:
Street Addre ss, City, State, and Zip Code of Bank:

FORM CM-78

65E

92-2821

Name: CHARLES DICARO

Name of Place Frequented: Pittsfield Restaurant
(Hangout)

Type of Establishment: Restaurant
(see attached page)

Verification:
(see attached page) I, O

Street Address, City, State, and Zip Code Where Establishment is Located: 55 E. Washington Chicago, Ill. 60602

Frequency:
(see attached page) Biweekly

Average Length of stay: 1/4 day
(in days)

Dates of Travel: None

Name of Lodging:

Street Address, City, State, and Zip Code of Lodging:

Mode of Travel:

Name of Carrier:

Verification:
(see attached page)

FORM CM-79

Raims